

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>9-30-94</u>		2 Serial/Patent # <u>08-284893</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input checked="" type="checkbox"/>	Assignment		8-2-94 \$ 40.00
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND \$ 40.00	
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	06--2135	
<p><i>Assignment is unsigned / money to be refunded per applicant's request</i></p>			
9 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Tushombe Stokes</u>		TITLE: <u>Legal Clerk</u>	
SIGNATURE: <u>Tushombe Stokes</u>		PHONE: <u>308-3641</u>	
OFFICE: <u>ONAR - Special Processing</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Neda Connolly</u>		DATE: <u>10/5/94</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**